

# Benefit highlights

	20/500	25/1000	30/1500
<b>FEATURES</b>			
Individual plan annual deductible (subscriber only)	\$500	\$1,000	\$1,500
Family plan annual deductible (individual/family)	\$500/\$1,000	\$1,000/\$2,000	\$1,500/\$3,000
Individual plan annual out-of-pocket maximum (subscriber only)	\$2,500	\$3,000	\$3,500
Family plan annual out-of-pocket maximum (individual/family)	\$2,500/\$5,000	\$3,000/\$6,000	\$3,500/\$7,000
Lifetime benefit maximum	None		
<b>BENEFITS SERVICES NOT SUBJECT TO DEDUCTIBLE UNLESS OTHERWISE INDICATED</b>			
<b>Preventive care</b>			
Immunizations	No charge		
Routine physical exam	\$20 copay	\$25 copay	\$30 copay
Well-child visit (0–23 months)	No charge	\$10 copay	\$30 copay
Well-woman visit	\$20 copay	\$25 copay	\$30 copay
Mammogram	\$10 copay		
<b>Outpatient services (per visit or procedure)</b>			
Primary care/Specialty office visit	\$20 copay	\$25 copay	\$30 copay
Most X-rays and lab tests	\$10 copay (after deductible)		
MRI, CT, and PET	\$10 copay (after deductible)	\$50 copay (after deductible)	
Outpatient surgery	\$50 copay (after deductible)	\$150 copay (after deductible)	\$250 copay (after deductible)
<b>Inpatient hospital care</b>			
Room and board, surgery, anesthesia, X-rays, lab tests, and medications	\$100 copay per day (after deductible)	\$250 copay per day (after deductible)	\$500 copay per day (after deductible)
<b>Maternity</b> Coverage varies. For details, please consult the plan's <i>Membership Agreement</i> .			
Maternity care	Covered		
<b>Emergency and urgent care</b>			
Emergency Department visit (waived if admitted)	\$100 copay (after deductible)		\$150 copay (after deductible)
Urgent care visit	\$20 copay	\$25 copay	\$30 copay
Ambulance service	\$150 copay (after deductible)		
<b>Prescription drugs</b>			
Plan pharmacy (up to a 30-day supply)	Generic: \$10 copay/Brand: \$35 copay		
Mail-order (up to a 100-day supply)	Generic: \$20 copay/Brand: \$70 copay		

This is a summary of the most frequently asked-about benefits and their copayments and coinsurance. For more information on benefits, copayments, and coinsurance, please refer to the *Disclosure Form* enclosed in this kit. Detailed information about your plan is included in the *Membership Agreement* or *Certificate of Insurance*, which will be mailed to you upon acceptance or upon request.